

10/586964

IAP11 Rec'd PCT/PTO 25 JUL 2006

Application Data Sheet

Application Information

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| Application Type:: | National Stage |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | Paper |
| Computer Readable Form (CRF):: | Yes |
| Number of copies of CRF:: | 1 |
| Title:: | A METHOD FOR MANUFACTURING OPTICALLY PURE COUMARYL AMINO ACIDS AND THE NOVEL COUMARYL AMINOACIDS THUS OBTAINED |
| Attorney Docket Number:: | 0510-1142 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CHRISTIANE
Middle Name::
Family Name:: GARBAY
Name Suffix::
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 12 PASSAGE DE LA FONDERIE
Address::
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 75011

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: LAURENT
Middle Name::
Family Name:: BISCHOFF
Name Suffix::
City of Residence:: MONT-SAINT-AIGNAN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 22 AVENUE DU MONT-AUX-MALADES
Address::
City of Mailing Address:: MONT-SAINT-AIGNAN

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 76130

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MARIE-PRISCILLE
Middle Name::
Family Name:: BRUN
Name Suffix::
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 220 RUE VAUGIRARD
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 75015

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

| | |
|----------------------------------|-------|
| Representative Customer Number:: | 00466 |
|----------------------------------|-------|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of | PCT/FR2005/000950 | 1/28/05 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| EUROPE | 04300052.08 | 1/28/04 | Yes |
| | | | |

Assignment Information

Assignee Name::
INSERM (INSTITUT NATIONAL DE LA
SANTÉ ET DE LA RECHERCHE
MÉDICALE)

Street of Mailing 101 RUE TOLBIAC

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 75013